
Legislative Cardiovascular Health Check: A Multidisciplinary Health Promotion Experience for South Carolina Lawmakers

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Synopsis

The South Carolina Department of Health and Environmental Control has conducted a Legislative Cardiovascular Health Check for the past 4 years. The primary purpose of the event, held in the lobby of the State Capitol Building, is to increase the awareness of State legislators about the leading causes of death in South Carolina and about community-based health promotion services that are available. The health check emphasizes the relationship between modifiable risk factors and the development of heart disease, cancer, and stroke.

These legislative events are organized by State health department staff members, but they are conducted by local health department personnel from throughout South Carolina. This approach is intended

to build the capacity of these local staff members to communicate more effectively with their legislators and to carry out similar events at the county or community level. The health check is staffed by a trained multidisciplinary team, including persons designated as legislative liaisons. The liaison people contact legislators prior to the event and provide them with health status data specific to their respective districts.

The Legislative Cardiovascular Health Checks have been attended by members of the General Assembly and their staffs, members of the Governor's staff and the Lieutenant Governor's office, and other employees of the State Capitol. An average of 380 people have participated annually.

Screening activities have included blood pressure and blood cholesterol checks, with risk factor counseling and educational materials provided to each screened participant. During the past year, activities were expanded to include a variety of interactive exhibits related to nutrition, exercise, and smoking.

Feedback from participants has been positive. The Legislative Cardiovascular Health Check is encouraged and supported by the upper management of the State health department and is now established as an annual event of mutual benefit to legislators and to State and local health department staff members.

MORE THAN 10,000 people die every year in South Carolina before they reach age 65 (1). Many of these deaths are preventable and are associated with modifiable risk factors, including high blood pressure, poor eating habits, tobacco use, physical inactivity, alcohol abuse, and not using an automobile seatbelt (2,3). Health promotion initiatives to address these issues have been referred to as the "second public health revolution" (4), but such programs are neither codified nor institutionalized in South Carolina.

Health promotion has neither a high priority nor sufficient resources within the South Carolina Depart-

ment of Health and Environmental Control (DHEC) or with local health departments. In fiscal year 1992, the South Carolina General Assembly appropriated \$196 million for public health services; less than 1 percent of this total was spent for health promotion and risk reduction programs. The funding level is comparable to that of States with similar populations (5).

State health department staff members in South Carolina were concerned about the lack of legislative support and funding for disease prevention and health promotion. (See related article on page 361). They

wanted to become more active in advocating health promotion and education (6). Although other State health departments have undertaken more aggressive efforts to secure specific legislation or funding for health promotion (7), lobbying activities by South Carolina agencies are severely limited by the General Assembly. So DHEC chose a lower key approach to educating and informing State legislators by conducting an annual health promotion event for the lawmakers and their staff members.

The Legislative Cardiovascular Health Check was designed to provide an opportunity for legislators of both houses of the General Assembly to experience some of the community health promotion services provided by local health departments and to increase their personal awareness of cardiovascular disease risk factors. This event also would provide an opportunity for local health department staff members to gain experience in communicating with their legislators. With this experience, these staff people would be more comfortable in contacting legislators about general health promotion issues or specific legislative initiatives. The creation of a planned, structured educational event was sanctioned and enthusiastically supported by Michael Jarrett, former Commissioner of DHEC.

Methods

Planning began 6 months before the event with one staff person designated as event coordinator. A multidisciplinary planning committee, with State and local representation, included nurses, nutritionists, health educators, laboratory technicians, administrators, and clerical staff. The committee developed an agenda for the event that included blood pressure and cholesterol measurement, dietary evaluation, nutrition and risk factor advice, counseling about test results, and a variety of "hands on" activities related to smoking, nutrition, and exercise.

The event was scheduled early in the legislative session when legislators' schedules were more flexible and there was no conflict with budget deliberations. The lobby of the Capitol building, which is also called the State House, was selected as the site most convenient for legislators going to and from sessions in the House and Senate chambers. The amount of space available to provide services determines the number of participants that can be accommodated, and this information is crucial in arranging for the event. The State House lobby was large enough to accommodate staff, equipment, exhibits, and the expected number of participants.

Invitations were developed from a current list of

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legislators by district. Legislative staff members and other State House employees also were expected to attend, but they did not receive personal invitations. The invitations sent to each legislator were signed by his or her local health officer. Personal invitations were sent from the DHEC Commissioner to the Governor and Lieutenant Governor. Attractive flyers also were produced and distributed at the State House a week prior to the event. The event also was listed on the legislative calendars of the Senate and House. DHEC's Office of Public Affairs issued news releases to encourage coverage of the affair by members of the local media.

Sufficient planning time was crucial. This type of event is complex and required procurement of adequate staffing, equipment and supplies, as well as customizing of forms, educational materials, and promotional media tailored to the State legislators. An average of 70 staff members were required to carry out the 6-hour event. The staff-to-participant ratio was 1:5 to ensure an effective and efficient flow of participants.

In addition to the event coordinator, staff for the event included registrars, screeners, risk factor counselors, flow managers, and staff consultants knowledgeable about nutrition, smoking, and exercise. The registrars were specifically trained for registering participants, reviewing the cholesterol clearance questions with each participant, and checking all information for completeness. Screening tables were staffed by trained cholesterol and blood pressure screeners; blood was drawn by finger stick and portable analyzers used on-site. After screening, participants were directed to risk factor counselors.

All screeners and counselors were trained to ensure that services met established quality assurance standards, including calibration of equipment and proper handling of blood samples. The ratio of screeners to risk factor counselors was 1:2. Screening and counseling tables were arranged to provide as much privacy as possible. Risk factor exhibits provided participants with further opportunities to explore the relationship of risk factors to disease, as

Table 1. Participants in the South Carolina Legislative Cardiovascular Health Check, by percentage of total, 1989–92

Participant	1989		1990		1991		1992	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Senate member	23	7	26	6	20	6	13	3
House member.....	54	16	56	13	49	15	45	11
Other elected official	1	1	1	<1	2	1	1	<1
Senate or House staff member	115	34	152	34	113	34	124	30
Others ¹	142	42	210	47	146	44	229	56
Total	335		445		330		411	

¹State government employees.

Table 2. Screening results from South Carolina Legislative Cardiovascular Health Check, 1989–92

Results	1989		1990		1991		1992	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cholesterol level:								
200 mg per dl	167	50.2	283	64.6	168	49.6	207	67.0
More than 200 mg per dl.....	166	49.8	155	35.4	171	50.4	102	33.0
Total	333	100.0	438	100.0	339	100.0	309	100.0
Blood pressure level:								
140/90 mm Hg.....	240	76.4	325	74.5	268	80.0	272	88.0
More than 140/90 mm Hg	74	23.6	111	25.5	67	20.0	37	12.0
Total	314	100.0	436	100.0	335	100.0	309	100.0

NOTE: mg per dl = milligrams per deciliter. mm Hg = millimeters of mercury.

well as a chance to ask additional questions about nutrition, exercise, and smoking. People with abnormal results were referred for followup as appropriate.

The lack of scheduled appointments, along with the large area and architectural barriers of the State House lobby presented logistical problems in moving participants from registration to screening to risk factor counseling areas. To ensure that these problems would not prevent participants from completing all portions of the event (especially the counseling), flow managers escorted participants from one area to the other.

Since one purpose of this event was to provide local health department staff members with an opportunity to meet their legislators, the local health officer or his designee was appointed as liaison from each of the State's 13 public health districts. They contacted legislators in advance and scheduled appointments for the day of the event. During visits with their legislators, staff members shared informational packets that contained health promotion information specific to the legislator's home district.

Costs associated with planning and implementing the Legislative Cardiovascular Health Check were

approximately \$5,000 per year. This included staffing as well as consumable supplies.

Results

The Legislative Cardiovascular Health Check has been provided annually since 1989. The number of participants has ranged from 330 to 445, for an average of 380 per year, as shown in table 1.

Table 2 presents the health check cholesterol and blood pressure screening results for the 1989–92 period. A significant percentage of participants were found to be at risk for cardiovascular disease, with approximately 42 percent having cholesterol levels above 200 milligrams per deciliter and 21 percent having blood pressure levels above 140 over 90 millimeters of mercury. Since the South Carolina General Assembly is a predominantly white male organization, these results were not unexpected. Little change in risk factor prevalence has been observed over the 4 years of this event, but the year-to-year variation in participants makes trend data or other comparisons impractical.

The South Carolina General Assembly includes 46

members in the Senate and 124 members in the House of Representatives. Each year, approximately 50 percent of the Senators and 43 percent of the House members have attended the events. Over the 4 years, repeat participation has ranged from 30 percent to 55 percent. The local health district legislative liaison people have paid personal visits to 70 percent of Senate members and 67 percent of House members.

Conclusions

Members of the General Assembly, State House staff members, and health department employees have consistently reported that the annual Legislative Cardiovascular Health Check has provided a positive exposure for DHEC. Although there has been no increase in funding for cardiovascular disease prevention programs, there has been increased awareness and understanding of these services provided by the State health department. These events also have reinforced the linkage between DHEC's State and local offices by emphasizing the need for coordinated, collaborative efforts for the planning and conduct of this activity.

Relations with the legislature have improved as a result of the Cardiovascular Health Check. State and local health department staff members have improved communications skills and increased their confidence in dealing with members of the General Assembly. The legislators themselves have become familiar with health department employees in the areas they represent. Since the initial event in 1989, many members of the General Assembly have maintained contact with those employees from their home districts.

Education, not case-finding, has been the focus of these events. The Legislative Cardiovascular Health Checks have served to identify those persons at risk and to provide them with appropriate counseling and education. The health check has been a worthwhile health promotion endeavor for the DHEC as a long-term investment that has improved understanding and will eventually lead to increased support of health promotion and disease prevention programs in South Carolina.

Guidelines, procedures, and sample materials for the Legislative Cardiovascular Health Check are available from the authors.

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